



# Physician Recruitment Program Application

## I. Applicant Information

**Recruitment Entity:** ☐ Hospital ☐ Physician ☐ Other

If other, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Entity Name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Day time phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ WY

**Zip Code:** \_\_\_\_\_

**Recruiting for city / county:** \_\_\_\_\_

**Medical specialty recruiting (family practice, neurosurgery, etc.):** \_\_\_\_\_  
\_\_\_\_\_

**Business enterprise recruiting for:** ☐ Non-Profit ☐ For-Profit ☐ Other

If other, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recruiting a private practice physician:** ☐ Yes ☐ No

Are you requesting benefits of the Wyoming Healthcare Provider Loan Repayment Program as part of your recruitment offer? ☐ Yes ☐ No

## II. Supporting Materials

**In a separate document, please:**

- Explain the **circumstances of the vacancy** (examples include reason for loss of current provider; new position related to population growth; how long has the opening existed; or previous and current efforts to recruit for this position).

- Describe **why your organization is pursuing this grant**. Include recruitment budget, financial need, and discussion concerning the community impact of not filling this position.
- Describe **your recruitment plan**, including timeline, advertising, proposed salary and benefits offered to the recruited physician, comparable salary and benefits evaluation for the medical specialty being recruited, and the category(s) and dollar amount(s) requested from the Physician Recruitment Program.

Applicants may apply for one or more categories and dollar amounts up to the maximum allowed by statute. Please apply for only the category(s) and dollar amount(s) you require as this will allow more recruitment entities to participate.

The **categories** in this program are:

- Relocation Expenses: may not exceed \$20,000
- Malpractice Insurance: may not exceed \$20,000 (\$10,000 per year)
- Signing Bonus: may not exceed \$30,000
- Recruitment Costs: may not exceed \$10,000

### **III. Signature**

I understand, if selected for the physician recruitment grant, that as the recruiting entity, I or the organization I represent will be responsible for any and all repayments, including penalties if the recruited physician fails to meet the requirements of W.S. 35-1-1101 or the program Rules approved by the Governor. I acknowledge that the Wyoming Department of Health, Rural and Frontier Health Division, Office of Rural Health strongly recommends language in the recruitment contract allowing the recruitment entity to recover all payments made, including penalties, from the recruited physician if the recruited physician fails to meet the above Statute and Rules.

I understand that if benefits from the Wyoming Healthcare Provider Loan Repayment Program are approved for use in the recruitment offer, I am responsible for ensuring that the recruited physician meets the program's additional eligibility requirements. If I recruit a physician who is not eligible for the Wyoming Healthcare Provider Loan Repayment Program, or the physician refuses to sign the program's contract, the Department of Health, Rural and Frontier Health Division, Office of Rural Health is not responsible for payments to the recruited physician.

**Name and title of authorized individual:** \_\_\_\_\_

**Signature of authorized individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please send completed applications to:** Wyoming Health Resources Network, Inc.  
1920 Evans Avenue  
Cheyenne, WY 82001